

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0306 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

May 2, 2007

Kayleen Parke, Administrator Downey Care Center PO Box 344 Downey, ID 83234

License #: RC-756

Dear Ms. Parke:

On March 7, 2007, a life safety code survey was conducted at Downey Care Center Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

**CHRIS LAUMANN** 

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

CL/sc

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T -- Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

March 13, 2007

Kayleen Parke, Administrator Downey Care Center LLC PO Box 344 Downey, ID 83234

Dear Ms. Parke:

On March 7, 2007, a life safety code survey was conducted at Downey Care Center LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 6, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely.

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure



## BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

## ASSISTED LIVING Non-Core Issues Punch List

Facility Name								
raciity name	Physical Address	Phone Number						
Downes (are Center Administrator	3SI E Center	(208) 897 - 5683 ZIP Code						
Administrator City		ŽIP Code						
Kasiera Parke Survey Team Leader	Downey ID Survey Type	83234						
Survey Team Leader		Survey Date						
Chris Laumann	Fire life Sofeh	3/7/07						
NON-CORE ISSUES								
ITEM	DESCRIPTION	DATE BFS RESOLVED USE						
1. 403.00 NFPA 101: Vertical specetions: A hole was found in the ceiling								
of the administrators officemeasuring approximately lines & 3 inches								
	Six holes were found in the ceiling of the Dantons closet around							
	andulas, the gape were approximately. 1/4 inch in size. A hole							
	was found in the busement compresor room certing succounding							
	de pipe in the ceiling measuring approximately 1/2 inches. Approximately							
ten holes were found	ten holes were found in the ceiling of the Gosement Aviage							
Com gach measuring	from each measury approximately an inch in diameter. 4							
hules were found in for ce	holes were found in the ceiling of the water heater room each measure							
approximately /4 inch. Ah.	approximately /4 inch. A hole was fund in the real room measures							
	1/2 inches in diameter. Smoke Comportaminion and Controls The							
wall of the upper level	wall of the upper level was compromised due to 5 holes each							
meusurn; approximately	meusarn, approximately I fout x Binches B holes were-bund							
	In the laundly room each measuring approximately /d inch in diameter.							
1 1 1	fuel frod heating devices how	l been i limit						
Eanducted within t	Eanducted within the last year							
Response Required Date   Signature of Facility Representative								
4/7/07 Bayllen Kerke		3/7/02						

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED 01 - ENTIRE BUILDING A. BUILDING B. WING 13R756 03/07/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

DOWNEY CARE CENTER LLC		351 E CENTER DOWNEY, ID 83234				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE	
	Initial Comments  The facility was found to be in substant compliance with the fire and life safety requirements of the Rules for Residenti Assisted Living Facilities in Idaho. No c deficiencies were cited during the standfire/life safety survey conducted on Mar 2007.  The surveyor conducting the survey was Chris Laumann Health Facility Surveyor Facility Fire safety & Construction	ial or ore lard ch 7,	R 000			
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**Bureau of Facility Standards** 

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE